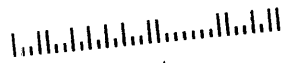


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Officer Smart
c/o City of Gadsden Police Department
90 Broad Street
Gadsden, Alabama 35901

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Hugh Robinson B. Date of Delivery 7-5-05

C. Signature Hugh Robinson

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

2:05CU590B
JTC

3. Service Type
- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee) ☒ Yes

7004 1160 0003 5809 8400

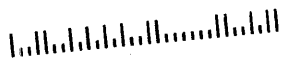
Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Officer Crisler
c/o City of Gadsden Police Department
90 Broad Street
Gadsden, Alabama 35901

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Hugh Robinson

7-5-05

C. Signature

*Hugh Robinson

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

2:05CU590-B
J & C

50

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7004 1160 0003 5809 8424

Domestic Return Receipt

102595-00-M-0952